

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			102-13-01
FORMALITY REVIEW	H8	JC-916	02-27-01
RESPONSE FORMALITY REVIEW	MM	780	5-14-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Rejected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	02-13-01
Original	02-13-01
1	02-13-01
2	02-13-01
3	02-13-01
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49	02-13-01
50	02-13-01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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